

New Hampshire Retirement System

ADDITIONAL CONTRIBUTION REPORTING

FOR THE MONTH OF _____ **DATE SUBMITTED** _____
Month/Day/Year

EMPLOYER ACCOUNT NUMBER: _____

EMPLOYER NAME: _____

**THESE CONTRIBUTIONS
ARE NOT TAX SHELTERED**

1. *Enter - Total employee payroll deductions withheld \$ _____
2. **Enter - Total employer sponsored contributions \$ _____
3. Total amount of check(s) \$ _____

**These funds are after tax dollars, deducted from a member's gross pay.*

***These funds are contributions made by the employer on behalf of the member, in addition to their gross salary.*

- Please make checks payable to:

New Hampshire Retirement System

- Mail to the Lock Box:

**New Hampshire Retirement System
PO Box 845666
Boston, MA 02284-5666**

Employer Representative Submitting this Report (Please Print)

Telephone Number

Key into additional contribution file AC _____ **.TXT**